

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 106755-97 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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41						
42						
43						
44						
45						
46						
47						
48	/					
49	/	/				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62	/	/				
63	/	/				
64		/				
65		/				
66		/				
67		/				
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69		/				
70		/				
71		/				
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75		/				
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82		/				
83		/				
84		/				
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86		/				
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					